

EXHIBIT K

ORANGE COUNTY SHERIFF-CORONER

1071 W. Santa Ana Blvd.

Santa Ana, CA 92703

Coroner Division

DECEDENT: LOPEZ, Brandon Anthony

CASE NUMBER: 21-05765-TM

AGE: 33 Years

DOB: 12/2/1987

SEX: Male

RACE: Hispanic

PLACE OF DEATH: Street

DATE/TIME OF DEATH: 09/28/2021 22:06

AUTOPSY DATE/TIME: 09/30/2021 9:10

**PLACE OF AUTOPSY: Orange County Coroner Division Facility
1071 W. Santa Ana Blvd.
Santa Ana, CA 92703**

**AUTOPSY ATTENDANTS: Steven M. Flores, OCSD
Jillian Zoccoli, OCSD
Eddie Nunez, SAPD
Craig Brower, OCDA
Troy Hernandez, OCDA
Ugo Carlos, DOJ
Patrick Estrada, DOJ
Jae P. Simon, OCSD
John V. Savino, OCSD**

CAUSE OF DEATH: Gunshot wounds of thorax and right arm

OTHER CONDITIONS: None

MANNER: Homicide

CERTIFICATE ISSUED: 9/30/2021

AMENDMENT:



Yong-son Kim, M.D.
Forensic Pathologist

CONFIDENTIAL: SUBJECT TO PROTECTIVE ORDER

COA 000015

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This is Yong-son Kim, M.D., dictating on September 30, 2021, case #21-05765-TM; decedent, LOPEZ, Brandon.

EXTERNAL EXAMINATION

The body is identified by toe tags and is that of an unembalmed, refrigerated, adult Hispanic male who appears about the reported age of 33 years. The body weighs 216 pounds, measures 69 inches in height, and appears overall well built and well nourished, however is on the obese side.

Externally, the body is without rigor, and livor is fixed and present over the back. Tattoos are seen at various areas of the upper anterior legs, the left lateral upper leg, the right shin, the right calf, as well as of the upper chest, right neck, the right inner lower arm, the left inner arm, the middle abdominal area, the upper and middle back, the right posterior scalp, the circumference of both arms, the right dorsal hand, and the middle forehead. Old scars are noted of the left lower abdominal area with 1/2-inch in size, as well as of the right lower middle back with 2 inches in size. In addition, there is a round 1/2-inch scar of the left dorsal hand.

EVIDENCE OF ADDITIONAL FRESH TRAUMA: There is a 2-inch abrasion of the left upper shin. In addition, there are ill-defined, very weak, small abrasion of the right inner upper shin that measure up to 1/2-inch in greatest dimension. In addition, there are very ill-defined, fresh abrasions of the right dorsal hand. There is an additional 3/4-inch irregular abrasion of the right posterior upper leg.

The right outer buttock shows a 1-1/2 inch in greatest dimension measuring round to oval shaped abrasion, which is consistent with non-projectile blunt impact.

In addition, the right posterior flank shows two relatively irregular areas of punctate-like abrasions that measure 5 inches in greatest dimension (right posterior flank), as well as 3 inches in greatest dimension (right lower buttock). The right nasolabial fold, as well as the area above the right eyebrow, and the right upper anterior scalp show up to 2-inch in greatest dimension measuring

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abrasions. The left upper scalp shows a 2-inch elongated laceration that is consistent with a "graze" mark.

Ill-defined abrasions are also noted, which are partially linear, with 1-inch in greatest dimension, of the abdominal area.

Note: The description of the gunshot wounds, and associated gunshot wound tracks are not necessarily described in the general anatomic review, which is the description of the decedent's body prior to sustaining injuries. All descriptions of the gunshot wound related injuries are made using the standard position at all times.

DESCRIPTION OF GUNSHOT WOUNDS, GUNSHOT WOUND RELATED INJURIES, AND RECOVERED PROJECTILES:

GUNSHOT WOUNDS TO RIGHT ARM, RIGHT HAND, AND TOP OF RIGHT SHOULDER:

There is a total of twelve holes identified, which are most likely gunshot wound entry/exits, with corresponding eight different gunshot wound tracks. Of note, the gunshot wound to the right upper shoulder is entering the underlying soft tissues, hits the underlying soft tissues, and hits the right shoulder. It then appears to enter the right chest cavity. It is unclear at this point whether the gunshot wound track then exits the torso. The hole to the right upper shoulder most likely represents an entry. It measures 1/4-inch in greatest dimension and is of round shape. No soot, stippling, or muzzle imprint is noted. The remainder of the other holes of the right inner upper arm, the right dorsal upper arm, as well as of the right inner and dorsal lower arm show two of them which are forming "graze-type" wounds of the right upper arm with 3 inches in greatest dimension, as well as of the right inner lower arm which measures 4 inches in greatest dimension. The gunshot wound holes to the right inner upper arm range in size between 1/2-inch to 1/8-inch (1/8-inch in size located over the right dorsal upper arm). No clear soot, stippling, or muzzle imprint is noted. The 3-inch in greatest dimension measuring graze-type wound of the right upper shoulder is associated with an underlying humerus fracture. The ulnar aspect of the right hand shows a 3/4-inch in greatest dimension measuring laceration and associated swelling and contusions of the right hand. A projectile of rifle-type size is recovered from the

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right third metacarpal bone (see below). There are two corresponding holes of the right second phalanx with an entry site of the palmar right proximal second phalanx measuring 1/2-inch in greatest dimension and a corresponding 3/4-inch in greatest dimension exit site at the tip of the right second phalanx. Photographs are taken. In addition, there are irregular, weak abrasions along the right dorsal lower arm that measure in greatest dimension between 1/2 and 3/4-inch.

GUNSHOT WOUNDS OF BACK, TOTAL OF FOUR ENTRIES:

There are four total gunshot wound defects that most likely are consistent with entry sites. The gunshot wound of the left upper outer back, which is round and measures 3/8-inch in greatest dimension (most likely entry site), is entering the underlying soft tissues, continues to fracture the left inner clavicle, and most likely ends with its track in the left upper chest. Photographs are taken. The second most likely entry site of the right back is located over the right upper back. It also measures 3/8 inch in greatest dimension and is located 3 inches right of the midline, as well as 15-1/2 inches below the top of the head. There is a third most likely entry site of the left back, which also measures 3/8-inch in greatest dimension and is also of round shape. It is located 4 inches left of the midline, as well as 19 inches below the top of the head. There is a fourth defect that most likely represents an entry site; however, it is of irregular shape. It measures 1-inch in greatest dimension. It is located 25 inches below the top of the head, as well as 4 inches left of the midline. None of the injuries to the back are associated with any soot, stippling, or muzzle imprint.

GUNSHOT WOUNDS TO RIGHT FLANK, TOTAL OF EIGHT ENTRIES:

The right flank, which is described as an area found between 12 inches below the top of the head to 30 inches below the top of the head, shows a total of eight gunshot wound holes which most likely mostly represent entry sites. They are mostly round in shape and range in size between 1/2-inch to 3/4-inch in greatest dimension, each. No soot, stippling, or muzzle imprint is noted. These gunshot wounds also include two gunshot wounds along the right posterior to right lateral lower buttock. As mentioned above, there are two associated surrounding areas of irregular-type abrasions, the greater of which that measures 5 inches in greatest dimension and is located around the right posterior flank, and the

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smaller area of which that measures 3 inches in greatest dimension and is located around the right lower buttock.

GUNSHOT WOUND OF ANTERIOR THORAX, TOTAL OF SIX ENTRIES:

There is a total of six most likely entry sites of the anterior thorax, which is including the one gunshot wound to the right upper shoulder (please see full description of gunshot wound track of right upper shoulder under injuries of right arm). The injuries to the right anterior thorax in the form of gunshot wounds range in size between 1/2-inch (round, middle thoracic area) to 3/4-inch (right lower abdominal area). The gunshot wound to the left upper chest measures 1-3/4 inches in greatest dimension and is slightly irregular to oval in shape. No associated soot, stippling, or muzzle imprint is noted. Of note, the gunshot wound to the right upper outer chest shows a well-defined gunshot wound track that courses into a downward and right to left direction and ends with a large projectile in the soft tissues of the left lower chest (projectile #2).

The head is otherwise normocephalic and covered by shaven, short, brown hair. Examination of the eyes reveals irides that appear to be brown in color and sclerae that are mostly clear. There is no evidence of any petechial hemorrhages of the conjunctivae of the lids or the sclerae. The earlobes are grossly unremarkable with one piercing on each side. The oronasal passages are unobstructed. The teeth are the decedent's own and in good condition. The face in general is unshaven. The neck is supple and unremarkable.

There is no chest deformity or any increased anteroposterior diameter of the chest. The abdomen is relatively flat and is not unusual. The external genitalia are those of an adult male, and the penis is uncircumcised without any evidence of any trauma or lesions of the external genitalia. There is a penile implant which is unremarkable. The extremities otherwise show no evidence of any needle tracks, edema, deformities, or any abnormal mobility.

DESCRIPTION OF PROJECTILES RECOVERED AT AUTOPSY:

There is a total of fourteen projectiles that are recovered, #5 and #6 of which most likely represent the same projectile, with #5 being the jacket and #6 being the core. They are labeled from the top towards the bottom of the body. Projectile

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#1 is found in the soft tissues of the right upper chest, most likely originating from the gunshot wound to the left upper back. Projectile #2 is also found within the soft tissues of the right chest and most likely arises from the gunshot wound track of the left upper chest. It is found within the soft tissues. Projectile #3 is a rifle-type projectile found within the soft tissues of the left lateral chest. Projectile #4 is found in the soft tissues of the left upper chest and is of rifle-type. Projectile #5 and #6, as described above, represent corresponding jacket and core, and are found at the level of the anterior spine. Projectile #7 is found in the abdominal soft tissues. Projectile #8 is found in the soft tissues of the left lateral upper hip. Projectile #9 is found in the pelvic soft tissues. Projectile #10 is found in the soft tissues of the left lateral hip. Projectile #11 is found in the soft tissues of the right buttocks. Projectile #12 is a rifle-type and is found within the bony structures of the right third metacarpal bone. Projectile #13 is a rifle-type and is found within the soft tissues of the right anterior upper leg. Projectile #14 is found within the soft tissue of the right inner groin. Projectile #15 is a core fragment and is found within the soft tissues of the right upper thigh.

ASSOCIATED INJURIES:

The following injuries are found within the thorax and the abdominal cavities: there are perforating lacerations of the right middle and lower lobes of the lungs, as well as of the left lower lobe of the lungs. There is a laceration of the aorta at the level of TH5, with an underlying fracture of TH5 as well, as well as underlying epidural hemorrhages of Th#5 that is extending into C#5-7. There are also hemothoraces with 500 cc of bloody fluids on the right side and 100 cc of bloody fluids on the left side. In addition, there are complex lacerations of the liver, a laceration of the gallbladder, as well as perforating lacerations of both hemidiaphragms. There is also a laceration of the spleen. Lacerations are also seen of the left posterior ventricle, as well as of the left atrium of the heart. There are also perforating lacerations x2 of the stomach. There are perforating lacerations x4 of the urinary bladder.

INTERNAL EXAMINATION

NECK: The neck organs are removed en bloc with the tongue. No lesions or contusions of the lips, gingiva, or oral mucosa are seen. There is no laryngeal

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edema. Both hyoid bone and larynx are intact, without evidence of any fractures. The tongue, upon sectioning, shows no trauma. There is no evidence of hemorrhage seen of the adjacent throat organs, investing fascia, strap muscles, visceral fascia, or thyroid.

CHEST/ABDOMINAL CAVITY: Both pleural cavities contain the above mentioned hemothoraces. There is otherwise no evidence seen of any pleural adhesions. The lungs are otherwise partially sub-atelectatic. The anterior mediastinum, as well as the diaphragm are symmetrical and free of any trauma or lesions. The neck is straight. The soft tissues of the thoracic and abdominal walls are otherwise well preserved. The subcutaneous fat of the abdominal wall measures 6.0 cm. The organs of the abdominal cavity have an otherwise normal arrangement, and none are absent. There is otherwise no evidence of any peritonitis, any free abdominal fluid collection, or any abdominal adhesions.

CARDIOVASCULAR SYSTEM: The aorta is otherwise elastic and of even caliber throughout with vessels distributed normally from it. There is no tortuosity or widening of the thoracic segment. The abdominal aorta, as well as the thoracic segment show focal areas of mild lipid streaking and otherwise no evidence of any other greater plaque formation, calcification, dilatation, or aneurysms of the abdominal segment. The major branches of the aorta show no gross abnormality. Within the pericardial sac there is a mild amount of bloody fluids of approximately 20 cc. The heart weighs 370 grams and thereby shows an unremarkable configuration. The right ventricle measures 0.3 cm in thickness and the left ventricle, as well as the interventricular septum each measure 0.9 cm in thickness.

The chambers are otherwise normally developed and are without mural thrombosis. The great vessels enter and leave in a normal fashion. The blood within the heart and large vessels is minimal and mostly liquid. The heart valves are otherwise thin, leafy, and competent. The circumferences of the valve rings are: aortic – 7.0 cm, mitral – 11.1 cm, pulmonic – 8.1 cm, and tricuspid – 12.0 cm. There is otherwise no evidence seen of any endocardial discoloration, any myocardial lesions, or any abnormalities of the apices of the papillary musculature.

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The coronary ostia are otherwise widely patent. There is a normal pattern of coronary artery distribution, right dominant pattern. There is hardly any evidence of any coronary artery disease with an overall wide and patent lumina throughout the major coronary arteries.

RESPIRATORY SYSTEM: Scant secretions admixed with a mild amount of bloody fluids are seen of the lower bronchial, as well as of the upper respiratory passages. The mucosa of the trachea is otherwise intact and slightly pale. The left lung weighs 330 grams. The right lung weighs 410 grams. Both lungs are otherwise relatively well expanded/sub-atelectatic and appear slightly dense in structure. There is still a mild to moderate amount of crepitus that is palpable. The cut surfaces show acute generalized congestion with mild edema throughout and no evidence of any other parenchymal lesions. The pulmonary vasculature is without thromboembolism.

GASTROINTESTINAL SYSTEM: The esophagus is intact throughout. The stomach is not significantly distended. It contains no significant stomach contents. No portions of tablets or capsules can be discerned in the stomach. The mucosa otherwise shows the usual rugal folds without any evidence of any other additional mucosal lesions. The small intestine, large intestine, as well as the pancreas are otherwise grossly unremarkable, however the pancreas appears slightly paler than usual.

HEPATOBIILIARY SYSTEM: The liver weighs 1160 grams and the capsule is otherwise intact. The parenchyma is brown to reddish in color and appears slightly paler than usual. The cut surfaces are otherwise smooth with a normal lobular arrangement. The parenchyma itself cuts with firm resistance. The gallbladder is present. It contains minimal bile of less than 5 cc and no evidence of any gallstones. The gallbladder wall is thin and pliable. The periportal lymph nodes are not enlarged.

HEMATOPOIETIC SYSTEM: The spleen weighs 200 grams. The capsule is intact. The parenchyma is dark red and soft. There is no increased follicular pattern. Lymph nodes throughout the body are small and inconspicuous. The

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bone is unremarkable, and the bone marrow of the ribs appears grossly unremarkable.

URINARY SYSTEM: The left kidney weighs 200 grams, and the right kidney weighs 190 grams. Both kidneys are otherwise grossly unremarkable. They are situated normally, and the capsules strip easily, revealing surfaces that are overall slightly paler than usual and overall smooth throughout. The perirenal fat is not significantly increased in mass. The corticomedullary demarcations are still well preserved. The pyramids are unremarkable. The ureters are without obstruction and pursue their normal course. The urinary bladder is unremarkable. It contains no urine.

GENITAL SYSTEM: The prostate gland, as well as the testicles are found within their proper locations, and they are free of any trauma or lesions.

ENDOCRINE SYSTEM: The parathyroid glands cannot be clearly identified and otherwise the thyroid gland, as well as the adrenal glands are overall grossly unremarkable. Of note, the adrenal glands appear markedly paler than usual.

MUSCULOSKELETAL SYSTEM: There is otherwise no evidence seen of any other fractures, deformities, or any abnormal mobility of the ribs, the spine, or the pelvic bones. The muscular development is consistent with the age.

HEAD AND CENTRAL NERVOUS SYSTEM: There is no subcutaneous or subgaleal hemorrhage in the scalp. The external periosteum and dura mater are stripped, showing no evidence of any fractures of the base of the skull or the calvarium. There are no tears of the dura mater. There are no subdural, epidural, or subarachnoid hemorrhages.

The brain weighs 1460 grams. The leptomeninges are thin and transparent. There is a normal convolutionary pattern. The cerebral hemispheres are symmetrical. There appears to be no evidence of any distinct cerebral atrophy, however, there appears to be generalized mild brain swelling throughout. Coronal sectioning demonstrates a uniformity of cortical gray thickness. There is no evidence of any cerebral contusions. The ventricular system is unremarkable,

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without dilatation or distortion. The white matter is free of any softening, discoloration, or hemorrhage. The basal ganglia are intact. Anatomic landmarks are well preserved. Pons, medulla, and cerebellum are grossly unremarkable. There is no uncal or cerebellar herniation. Vessels at the base of the brain have a normal pattern of distribution. There is no evidence of any cerebral arteriosclerosis or any cerebral aneurysms. The cranial nerves are symmetrical, intact, and are normal in size, location, and course.